

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33896

OCT 31 1930

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3026  
 City St. Charles (No. St. Joseph Hospital. St. \_\_\_\_\_ Ward)

File No. 167

Registered No. \_\_\_\_\_

**2. FULL NAME**

Judge Henry Herman Moehlenkamp

(a) Residence. No. 324 Jefferson St. St. 2 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Julia Moehlenkamp (nee Bloebaum)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14, 1857.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>1</u>	<u>22</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Judge of Probate Court.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles County, Missouri.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Moehlenkamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catharina Bekebrede

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.  
 (STATE OR COUNTRY)

14. INFORMANT Julia Moehlenkamp.  
 (Address) 324 Jefferson St. City.

15. FILED 10/7/30 By S. Bloebaum  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Oct 7, 1930, and that death occurred, on the date stated above, at 11:55 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Fracture of skull & fracture of Tibia & fibula of right leg due to auto accident in City of St. Charles on Highway #40 at 32 & Clay Sts. Umbrella obstructing view when stepping from curb.  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Belding Cowan, M. D.

10-7-1930 (Address) St. Charles, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery DATE OF BURIAL 10/9/30

20. UNDERTAKER Steinbrinker Furn. Co. ADDRESS St. Charles, Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

